

STATEMENT OF MANUFACTURED HOME TRANSFER

Wisconsin Department of Commerce
Safety and Building Division
Manufactured Home Unit
P.O. Box 1355
Madison, WI 53701-1355

| | | | |
|-------------------|-------------|-------------|-----------------------|
| Year | Make | Body Length | Identification Number |
| Sale Date | Sale Amount | | Delivered Date |
| Print Seller Name | | | Print Purchase Name |
| Address (Street) | | | Address (Street) |
| City | State | Zip Code | City State Zip Code |

I, as seller of the manufactured home described, do hereby sell, assign or transfer it to the purchaser as shown above.

(Print Name of Seller Signing Below)

(Print Name of Purchaser Signing Below)

X _____
(Seller Signature)

X _____
(Purchaser Signature)